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Oct. 06 2005 11:19AM P1

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Intel Legal Team

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# Fax

**Page 1 of 8**  
**Date: October 6, 2005**

**To:** Lynne A. Gurley      **Fax:** 571-273-8300      **Phone:** 571-272-1670  
United States Patent and Trademark Office

**From:** Michael D. Plimier      **Fax:** 408-765-7723      **Phone:** 408-765-7857

**Subject:** Application Serial No. 10/829,592

**A CONFIRMATION COPY OF THIS DOCUMENT:**

**WILL NOT BE SENT**

Application No.: 10/829,592  
Filing Date: April 21, 2004  
First Named Inventor: Michael D. Goodner et al.  
Group Art Unit: 2812  
Examiner Name: Gurley Lynne Anne  
Attorney Docket No.: P18237

**Enclosures:**

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2005 (1 page in duplicate).
3. Amendment and Response (4 pages).

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

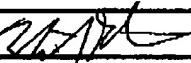
7

Attorney Docket Number

P18237

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |  |
|  |  |  |

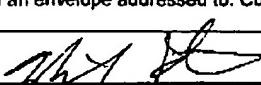
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Intel Corporation   |          |        |
| Signature    |  |          |        |
| Printed name | Michael D. Pilmtier   |          |        |
| Date         | October 6, 2005   | Reg. No. | 43,004 |

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Signature



Typed or printed name

Michael D. Pilmtier

Date

October 6, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0.00

Complete If Known

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|                      |                           |
|----------------------|---------------------------|
| Application Number   | 10/829,592                |
| Filing Date          | April 21, 2004            |
| First Named Inventor | Michael D. Goodner et al. |
| Examiner Name        | Gurley, Lynne Anne        |
| Art Unit             | 2812                      |
| Attorney Docket No.  | P18237                    |

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |               |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0             |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0             |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0             |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0             |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0             |

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity |          |
|---|--------------|----------|---------------|--------------|----------|
|   |              |          |               | Fee (\$)     | Fee (\$) |
| - 20 or HP =  | x            | =        | 0             | 50           | 25       |
| HP = highest number of total claims paid for, if greater than 20. |              |          |               | 200          | 100      |
| Indep. Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) | 360          | 180      |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = | x            | =        | 0             | 0                         | 0        | 0             |

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   | 0        | 0             |

## 4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

| SUBMITTED BY      | Registration No.<br>(Attorney/Agent)  | Telephone            |
|-------------------|---|----------------------|
| Signature         |  | 408-765-7857         |
| Name (Print/Type) | Michael D. Plimier  | Date October 6, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).****FEET TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **0.00****Complete If Known**

|                      |                           |
|----------------------|---------------------------|
| Application Number   | 10/829,592                |
| Filing Date          | April 21, 2004            |
| First Named Inventor | Michael D. Goodner et al. |
| Examiner Name        | Gurley, Lynne Anne        |
| Art Unit             | 2812                      |
| Attorney Docket No.  | P18237                    |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u>  |                 | <u>SEARCH FEES</u>  |                 | <u>EXAMINATION FEES</u> |                 | <u>Fee Paid (\$)</u> |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|----------------------|
|                         | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u>     | <u>Fee (\$)</u> |                      |
| Utility                 | 300                 | 150             | 500                 | 250             | 200                     | 100             | 0                    |
| Design                  | 200                 | 100             | 100                 | 50              | 130                     | 65              | 0                    |
| Plant                   | 200                 | 100             | 300                 | 150             | 160                     | 80              | 0                    |
| Reissue                 | 300                 | 150             | 500                 | 250             | 600                     | 300             | 0                    |
| Provisional             | 200                 | 100             | 0                   | 0               | 0                       | 0               | 0                    |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

Fee (\$)

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| - 20 or HP =        | x                   | =               | 0                    |                                  |                 |                      |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| - 3 or HP =          | x                   | =               | 0                    |                 |                      |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               | 0                    |

- 100 = / 50 = (round up to a whole number) x = 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

| <b>SUBMITTED BY</b> |                    | <b>Registration No.</b> | <b>Telephone</b> |
|---------------------|--------------------|-------------------------|------------------|
| Signature           |                    | (Attorney/Agent) 43,004 | 408-765-7857     |
| Name (Print/Type)   | Michael D. Pilmler | Date                    | October 6, 2005  |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket No.: P18237

Patent

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of: )  
Michael D. Goodner et al. )  
U.S. Serial No: 10/829,592 ) Examiner: Gurley, Lynne Anne  
Filed: April 21, 2004 ) Art Unit: 2812  
For: **PHOTORESISTIVE** )  
**DIELECTRIC LAYER** )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Dear Examiner Gurley:

This is in response to the Office Action mailed July 13, 2005. Applicants respectfully request the Examiner to consider the following remarks.

Remarks begin on page 2 of this paper.

-1-

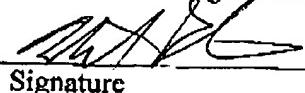
Serial No.: 10/829,592

Attorney Docket: P18237

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(37 C.F.R. § 1.8(a))

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Michael D. Plimier  
Name of Person Sending Facsimile



Signature

-4-

Serial No.: 10/829,592

Attorney Docket: P18237